

Student Name: **K. [REDACTED]**  
 Individualized Education Program

**III. GOALS AND OBJECTIVES:** (Use as many copies of this page as needed to plan appropriately)

**MEASURABLE ANNUAL GOAL:**

Identify important historical facts that have impacted the world geographically, politically and culturally.

SHORT TERM OBJECTIVE/BENCHMARK	EXPECTED LEVEL OF ACHIEVEMENT	METHOD OF EVALUATION
Identify important people in history that helped America into a world leader.	80%	tests, class assignments class projects

**REPORT OF PROGRESS ON ANNUAL GOALS**

How progress will be measured: tests, class assignments, class projects

How progress will be reported: report cards, goal progress reports

1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	OTHER IF APPLICABLE

**MEASURABLE ANNUAL GOAL:**

Identify important historical facts that have impacted the world geographically, politically and culturally.

SHORT TERM OBJECTIVE/BENCHMARK	EXPECTED LEVEL OF ACHIEVEMENT	METHOD OF EVALUATION
Identify characteristics and purposes of different geographic representatives (maps, globes, diagraphs)	80%	tests, class assignments class projects
Identify documents of the USA government	80%	tests, class assignments

**REPORT OF PROGRESS ON ANNUAL GOALS**

How progress will be measured: tests, class assignments, class projects

How progress will be reported: report cards, progress reports

1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	OTHER IF APPLICABLE

NOTE: Specially designed instruction may be listed with each goal/objective and/or listed in section IV. 0000200428

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Student Name: **K. L.**  
 Individualized Education Program

**IV. SPECIAL EDUCATION/RELATED SERVICES:**

**A. PROGRAM MODIFICATION AND SPECIALLY DESIGNED INSTRUCTION:** (*Specially designed instruction may be listed with each goal/objectives.*)

adapted curriculum for content courses, extended time to complete assignments, direct instruction, small group instruction, Compass Learning Lab at instructional level, tests read aloud

**B. RELATED SERVICES:** List the services that the student needs in order to benefit from or access his/her special education program:

Service	Location	Projected* Beginning Date	Frequency	Anticipated* Duration
1. nursing	school	11/14/01	as prescribed	11/13/02
			by physician	
2. psychological	school	11/14/01	as recommended	11/13/02
			by psychologist	
			or every 2 year	

\*Include only if differs from IEP beginning and/or duration dates.

**C. SUPPORTS FOR SCHOOL PERSONNEL RELATED TO STUDENT'S NEEDS:**

Related teachers will use Special Education teachers as a resource for assistance in adapting and accommodating when needed.

**D. EXTENDED SCHOOL YEAR** The IEP Team has discussed and considered ESY services, and determined that:

**K. L.** is not in need of ESY.

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Student Name: K. L.  
Individualized Education Program

## V. PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS

### STUDENT PARTICIPATION – STATE ASSESSMENTS

This section applies to student's age/grade eligible for the PSSA/PASA  
(Reading, Math-grades 5, 8, 11; Writing-grades 6, 9, 11)

☐ Student will participate in the PSSA without accommodations.

OR

☐ Student will participate in the PSSA with the following accommodations:

PSSA Reading (grades 5, 8, 11) \_\_\_\_\_

PSSA Math (grades 5, 8, 11) \_\_\_\_\_

PSSA Writing (grades 6, 9, 11) \_\_\_\_\_

OR

☐ Student will participate in the Pennsylvania Alternate System of Assessment (PASA). (Effective beginning the 2000-01 school year, the alternate assessment in Pennsylvania is PASA).

If the IEP Team has determined it is not appropriate for the student to participate in the PSSA, the team must explain why the PSSA is not appropriate:

Choose how the student's performance on the PASA will be documented:

☐ Videotape (which will be kept confidential as all other school records)

☐ Written Narrative (which will be kept confidential as all other school records)

### STUDENT PARTICIPATION – DISTRICT ASSESSMENTS

☐ Student will participate in the District assessments without accommodations.

OR

☒ Student will participate in the District assessments with the following accommodations:  
extended time, separate testing location, additional breaks

OR

☐ If the IEP Team has determined that it is not appropriate for the student to participate in the district-wide assessment they must explain why the assessment is not appropriate for the student and how the student will be assessed.

Student Name: K. L.  
Individualized Education Program

#### VI. LEAST RESTRICTIVE ENVIRONMENT (LRE)

**EDUCATIONAL PLACEMENT (Type of Service, Type of Support, ex: Full-time learning support)**  
Part-time special education in the regular school

Explanation of the extent, if any, the student will not participate with non-disabled children in the regular class and in the general education curriculum:

Considering the pace in which the general education moves, the modifications necessary for the student to achieve educational and social development can not be implemented in the general education classes. Grade level proficiency has not been acquired in these areas.

Percentage of time the student receives special education outside of the regular education classroom:  
NOTE: If a special education teacher "pushes in" to provide direct service to special education students in a regular classroom it should be included in this percentage.

- ☐ Less than 21% outside of the regular education classroom
- ☐ 21-60% outside of the regular education classroom
- ☒ 61% or more outside of the regular education classroom

List exact percentage of service -i.e. LS 40, PT 3, Speech 2 LS 68%

Location of Program: Strong Vincent (School)

#### VII. TRANSITION PLANNING

1. Will the student be 14 years of age or older during the term of this IEP?

- ☒ No - (Not necessary to complete this Section)
- ☐ Yes - Team must address the student's courses of study and how the course of study applies to components of the IEP.

Student's course of study:

\_\_\_\_\_

2. Will the student be 16 years of age or older during the term of this IEP or is the student younger and in need of transition services as determined by the IEP Team?

- ☒ No - (Not necessary to complete this Section)
- ☐ Yes - Team must address and complete this Section

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Student Name: \_\_\_\_\_  
 Individualized Education Program

- A. DESIRED POST-SCHOOL OUTCOMES:** Define and project the desired post-school outcomes as identified by the student, parent and IEP team in the following areas. State how the services will be provided and person(s) responsible for coordinating these services.

SERVICE	HOW SERVICE IS PROVIDED	PERSON RESPONSIBLE
Post Secondary Education/Training		
Employment		
Community Living		
a) Residential		
b) Participation		
c) Recreational		

**B. STATEMENT OF COORDINATED TRANSITIONAL SERVICES AND ACTIVITIES NEEDED TO SUPPORT DESIRED POST-SCHOOL OUTCOMES:**

(The instructional areas should support the desired post-school outcomes for the student. Examples such as Instruction and Related Services, Community Experiences, Acquisition of Daily Living Skills, Functional Vocational Education, and Adult Living may appear as annual goals, short-term instructional objectives or benchmarks, and/or specially designed instruction based on the student's needs.)

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Student Name: \_\_\_\_\_  
Individualized Education Program

**C. LINKAGES**

List the agencies, which may provide services/support (before the student leaves the school setting):

Agency Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Responsibilities/Linkages \_\_\_\_\_

Agency Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Responsibilities/Linkages \_\_\_\_\_

Agency Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Responsibilities/Linkages \_\_\_\_\_

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The School District of the City of Erie, PA

## INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING

\*\*\*\*\* School Age

Date: 10/30/01Name of Parent: Denise LStudent's Name: K LAddress of Parent: Dear: Ms. L

We are sending you this notice so that you can attend and participate in

☒ An Individualized Education Program Team Meeting☐ Other meeting (specify): \_\_\_\_\_The purpose of this meeting is to: *(The school district is to check all that apply)*☐ Discuss the results of the multidisciplinary evaluation regarding whether your child is a child with a disability and in need of special education. An Individualized Education Program (IEP) will be developed at the meeting and a decision will be made regarding the educational placement of the child.☒ Discuss your child's current IEP to review and revise it as needed.  
Complete the following for students age 16 and older:*(For parents)* Develop or review a statement of your child's need for transition services. We are inviting your son/daughter to attend this meeting. We are also inviting representative(s) from the following agency or agencies to attend: \_\_\_\_\_*(For students)* Develop or review a statement of your need for transition services. We are also inviting representative(s) from the following agency or agencies to attend: \_\_\_\_\_☐ Other: \_\_\_\_\_The team meeting has been tentatively scheduled for this location: Room 218 - Strong Vincent  
at the following date and time: Monday, November 12<sup>th</sup> at 3:00 p.m. If this time, date or location is not convenient, please contact me as soon as possible so we can arrange a time and place which are mutually convenient.Vikki Scully - Special Education Teacher

Name and Title

874 6500

Phone Number

10/30/01

Date

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The following people are expected to attend the meeting for your child:

*\* This denotes this person's involvement in your child's IEP development. Examples: regular education teacher, local education agency representative, etc.*

Attached to this invitation is a copy of the **Procedural Safeguards Notice** describing your rights and procedural safeguards under State and Federal Law.

☐ I will attend the meeting as scheduled.

☐ I will need the following accommodations to be made so that I may attend the meeting:  
\_\_\_\_\_

☐ I will not attend the meeting.

☐ I wish to attend the meeting, but this time and/or location is not convenient.  
Please contact me to make alternative arrangements.

Date \_\_\_\_\_

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I.E.P. FOR \_\_\_\_\_  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(School)

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School District of the City of Erie, PA  
 Department of Pupil Personnel Services  
 Office of Child Study

(814) 874-6100

R ✓  
T

# COMPREHENSIVE EVALUATION REPORT (CER)

☐ Initial Referral

☒ Reevaluation (Two Year Review)

Speech Therapy ☐ Yes ☒ No

STUDENT NAME: L. K.

DATE OF REPORT: 5-1-00

SCHOOL DISTRICT: City of Erie, PA

STUDENT I.D.#: 943020

SCHOOL: McKinley

GRADE: 5

STUDENT BIRTH DATE: [REDACTED]

CURRENT EDUCATIONAL PROGRAM: RR Learning Support

OTHER DEMOGRAPHIC DATA, AS NEEDED:

STUDENT ADDRESS: [REDACTED]

PARENT NAME: Ms. Denise L. [REDACTED]

PHONE NO: [REDACTED]

TEACHER NAME: Patricia Munz

1. REASON(S) FOR REFERRAL: Reevaluation as required by Pennsylvania Standards and Regulations (342.25 and Chapter 14).
2. INFORMATION FROM PARENTS OR PERSONS WITH WHOM THE STUDENT LIVES:  
☐ Yes (See attached) ☒ No (No response)
3. EDUCATIONAL, SOCIAL AND PHYSICAL HISTORY: (Refer to information from previous CER/evaluation dated 5-10-95.) (See attached educational history; attendance, grades, standardized group achievement test scores).  
  
K. has been receiving special education services from the ESD in the Learning support program.  
  
 Medication: ☐ No ☒ Yes Type: Adderakk at home, Albuterol inhaler when needed  
 Glasses: ☒ No ☐ Yes  
 Physical Limitations: ☐ No ☒ Yes Type: Asthma, Heart murmur, ADHD, ODD  
 Other: Allergic to bee stings

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School District of the City of Erie, PA  
 Department of Pupil Personnel Services  
 Office of Child Study

(814) 874-6100

**COMPREHENSIVE EVALUATION REPORT (CER)**

Page 2 of 4

Name: L [REDACTED] K [REDACTED]

Date of Report: 5-1-00

**4. SUMMARY OF FINDINGS/INTERPRETATION OF ASSESSMENT RESULTS:**

**Ability**      **Date of Test:** 5-10-95  
                  **Name of Test:** K-ABC  
                  **Test Results:** Mental Processing Composite 70

**Achievement** (Standard Scores or Percentiles)

**Name of Test:** Kaufman Achievement  
**Reading** SS 93  
**Math** SS 92  
**Sp/Writ Lang**

**A. Instructional Evaluation Results:**

**Instructional Level:** Reading 2<sup>nd</sup> grade / Math 3<sup>rd</sup> grade  
**Rate of Acquisition:** below average  
**Rate of Retention:** below average

**B. Ecological Evaluation Results:** (for low functioning and multihandicapped students).  
RESULTS: (Not applicable)**C. Vocational/Technical Education Results** (from ITP)**5. STRENGTHS:**

K [REDACTED] has good attendance and there is frequent communication with home.

**6. DEGREE OF NEED:** At the present time K [REDACTED] is in need of specially designed instruction to deal with academic support in all areas.

**7. INFORMATION FROM OBSERVATIONS IN THE CLASSROOM AND OTHER SETTINGS:**

H.R. teacher, Mrs. Bostick, reports she is becoming increasingly concerned about K [REDACTED]. She seems to lack any organizational ability. She is not prepared with materials, books, pencils, anything! She is overly concerned with going to the restroom, to the nurse, etc. I have seen regression since September. She does not stay focused when I am teaching. I would have a hard time coming up with an educational strength for her.

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School District of the City of Erie, PA  
 Department of Pupil Personnel Services  
 Office of Child Study

(314) 874-6100

# COMPREHENSIVE EVALUATION REPORT (CER)

Page 3 of 4

Name: L. K.

Date of Report: 5-1-00

## 8. CONCLUSIONS AND RECOMMENDATIONS TO IEP TEAM: (Including eligibility, specially designed instruction, current program, change in programs, and other issues based on the student's individual needs).

### A. Statement of eligibility:

☒ this student remains eligible for special education services.

☐ this student is no longer eligible for special education services.

### B. Specially designed instruction:

☒ this student requires specially designed instruction to meet their learning needs.

☐ this student does not require specially designed instruction to meet their learning needs.

### C. Current Program: This student is currently enrolled in the Learning support program due to: Borderline Ability

### D. Change in Program:

☒ This student does not require a change in program.

☐ This student requires a change in program to meet his/her needs.

### E. Other Issues: \_\_\_\_\_

## FOR REEVALUATION:

## 9. RECOMMENDATION REGARDING CONTINUED NEED FOR SPECIAL EDUCATION:

Yes ☒ No ☐

## 10. REVIEW OF THE STUDENT'S IEP

Instructional activities which have been successful:

K. does best one-on-one. She needs a great deal of individual attention.

Additional Comment: I am concerned that K. has regular attendance and participates in class activities but is not receiving needed support from home inspite of frequent communications. Progress is minimal.

Recommendations for revision of the IEP: IEP is appropriate

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DEBSE A-SA-930603

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Special Education  
TRACT

Referral by MR. Scozzie,  
MRS. Moore +  
MRS. Christman

NAME: K [REDACTED] L [REDACTED]

DOB: [REDACTED]

ADDRESS: [REDACTED]

SCHOOL: Stony Vincent gr 7/5

1/21/02

Intake - 3:00 PM

1/23/02

Student to start Sarah Reed Alternative

Student has completed Sarah Reed Alternative  
placement and will be returned to home school

ADDITIONAL COMMENTS:

CER dated 5-15-95

2yr. Recorl. dated 5-1-00

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I am requesting that my daughter,  
K [REDACTED] L [REDACTED] be transferred to the Erie  
School District's Alternative Education program  
I waive all rights to a Hearing.

1/17/02  
Denise L [REDACTED]

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0000200441

DIRECTORS

JIM HERDZIK  
PRESIDENT

TIM PEARSON  
VICE-PRESIDENT

TOM CASEY

JOHN C. HARKINS

RICHARD R. HILINSKI

CASIMIR J. KWITOWSKI

NANCY R. NIELSEN

EVA TUCKER, JR.

SAMUEL L. VONA

THE SCHOOL DISTRICT OF THE CITY OF ERIE, PA.

148 WEST 21st STREET • ERIE, PENNSYLVANIA 16502

PHONE: 814/874-6000

FAX: 814/874-6132

DR. JAMES E. BARKER  
SUPERINTENDENT OF SCHOOLS

LOIS OWENS  
SECRETARY

TO:

*Sarah Reed Children's Center  
1020 E. 10 St.*

In compliance with the Family Educational Rights and Privacy Act of 1974 (PL93-380); Pennsylvania  
MH/MR Act of 1966, and MH procedures act of 1976, I/WE AUTHORIZE RELEASE OF  
INFORMATION FROM THE RECORDS OF

Name of Pupil

Date of Birth

Address

Telephone

INFORMATION TO BE RELEASED: ☐ MEDICAL; ☒ PSYCHOLOGICAL; ☐ IEP;  
☒ PSYCHIATRIC; ☒ SCHOLASTIC; ☐ CASE WORK;  
☐ SOCIAL HISTORY; ☐ DUE PROCESS;

OTHER

SEND INFORMATION TO:

Child Study Department - ATTN: *A Pecora*  
School District of the City of Erie  
148 West 21 Street  
Erie, PA 16502

*Ph. 874-6105*

INFORMATION IS TO BE USED BY:

☒ SCHOOL PSYCHOLOGIST ☒ HOME/SCHOOL VISITOR  
☒ OTHER *School staff*  
☒ SCHOOL PLACEMENT; ☐ OTHER

*1-17-02*  
Date of Signature(s)

Signature of Pupil (over 14)

*Denise*  
Signature of Parent/Guardian

This authorization will expire *signature* school days of signature(s). It is revocable upon written request by  
the signer(s) except to the extent action has taken place on the request. This consent will remain active  
for a reasonable time to accomplish the purpose for which it is given.

Form 1035-PPS-7-81

*A Pecora* *HSV*  
An Equal Opportunity Employer Witness/Title

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The Mission of the School District of the City of Erie, the flagship of educational opportunity that challenges individual excellence, is to ensure academic, personal, and vocational success for  
the individual, with a focus on school-age youth, by using state-of-the-art technology as a catalyst to optimize the individualized instruction, and to challenge students to realize their potential.

THE SCHOOL DISTRICT OF THE CITY OF ERIE, PA  
148 WEST 21<sup>ST</sup> STREET • 16502  
DEPARTMENT OF SPECIAL EDUCATION

## STUDENT ASSIGNMENT INFORMATION

FIRST NOTICE -- INITIAL LETTER

DATE: AUGUST 7, 2001

STUDENT NAME: P [REDACTED], R [REDACTED]

ID#: 963479

DOB: [REDACTED]

ADDRESS: [REDACTED]

ZIP: [REDACTED]

PARENT OR GUARDIAN:

PRESENT ASSIGNMENT: Emerson Gridley

GRADE: 7 \*

NEW ASSIGNMENT: Strong Vincent • 1330 West 8th St.

PRINCIPAL: Ms. Woods

PROGRAM: Learning Support Part Time (68%)

TEACHER: Ms. Gray  
(1101)

EFFECTIVE DATE: AUGUST 27, 2001

AUTHORIZED BY: MRS. MOORE

\* NOTE: The actual grade placement is determined by each school based on passing grades or credits earned.

### BUS INFORMATION:

Student does not require transportation.

For further information concerning the bus call 874-6900, Mr. Emch. For EMTA routes call 452-3515.

### LUNCH INFORMATION

Strong Vincent has a hot lunch program.

For further information concerning the new school call 874-6500.

SPECIAL INFORMATION: ORIGINAL -- PARENT

COURTESY COPIES TO:

- ☐ Special Education Office
- ☐ Receiving School
- ☐ Sending School
- ☒ Student File
- ☒ Teacher
- ☐ Child Study Department
- ☐ Attendance
- ☐ Transportation

DEPOSITION  
EXHIBIT

Scotzie #2

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The School District of the City of Erie, Pa.

**NOTICE OF RECOMMENDED ASSIGNMENT**\*\*\*\*\* School  
AgeDate. 7/23/01Name and Address of Parent: Mr. & Mrs.P. [REDACTED]Student's Name: R. [REDACTED] P. [REDACTED]ID# 963479SS#       Dear Mr. & Mrs. P. [REDACTED]

This letter is a follow-up on the recent IEP meeting and/or your request regarding your child's program of education. This is intended to summarize recommendations or proposed changes with respect to your child's educational program and/or assignment. I hope that you have a full understanding based on the information reviewed at the IEP meeting and other communication with school personnel as an IEP team member.

The assignment recommended for your child is:

Level Part-time 68% 270 Speech 6690 L.S.Location Strong VincentAppropriate Grouping Learning supportOther       

This assignment was recommended after a review of the attached options, which were used to assist in identifying the services and programs that will meet your child's needs.

1. ☐ Your child should begin to receive special education options, which were used to assist in identifying the services and programs that will meet your child's needs
2. ☒ Your child's special education placement or services should be changed as noted in the IEP. The school district will proceed with this change unless you notify us within ten days of your written disapproval (the IEP is attached).
3. ☐ Your child is no longer in need of special education. We recommend current special education services be discontinued. The school district will proceed with this change unless you notify us, within ten days, of your written disapproval.
4. ☐ Your child is graduating from high school. All special education services will cease at the end of the current school term.
5. ☐ Your child is not in need of special education and should continue in his/her present assignment.
6. ☐ The school district is refusing your request to initiate or change your child's:

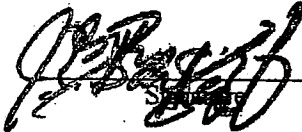
☐ Identification☐ Evaluation☐ Educational placement☐ Provision of EducationStudent's Name:       

The reason and basis for this refusal are:

      7. ☐ Other:       

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School District Superintendent



8-22-01  
Date

You have certain rights which are described in the attached Procedural Safeguards Notice. Please carefully read the information. If you need more information, you may contact:

Name Ray Sullivan

Position Supervisor

Phone Number 874-6050

**DIRECTIONS FOR PARENTS:** Please check one of the options, sign this form, and return it within 10 days to the person listed above.

- ☐ I approve this recommendation  
☐ I do not approve this recommendation

My reason for **disapproval** is:

\_\_\_\_\_

I request:

- ☐ A Prehearing Conference\*  
☐ Mediation\*  
☐ Due-process Hearing\*

I will need the following accommodations to be made so that I may attend the above

\_\_\_\_\_

\_\_\_\_\_

Rose Dew P  
Parent's Signature

7-23-01  
Date

[REDACTED]  
Daytime Phone

The enclosed Procedural Safeguards Notice provides information on the options listed above.  
PDE/BSE - Notice of Recommended Assignment (revised December 1997)

**OPTIONS CONSIDERED \*\*\*\*\* School Age****Student's Name** **R P**

The options considered when recommending placement for your child fall into three categories, as listed on the chart below:

**\*Appropriate grouping of students** who have learning needs similar to your child, and who are able to benefit from this assignment, given the rate, level, and manner of the instruction to be provided.

**\*Level of intervention** is the type and amount of special education instruction your child will receive

**\*Location of intervention** is the type of building or facility where special education services will be provided.

In discussing the appropriate program for your child, the options checked below were considered.

**APPROPRIATE GROUPING (Class or Type of Service):**

- |   |   |
|---|---|
| <input type="checkbox"/> Autistic Support Deaf or Hearing | <input type="checkbox"/> Blind or Visually Impaired Support     |
| <input type="checkbox"/> Impaired Support                 | <input type="checkbox"/> Emotional Support                      |
| <input type="checkbox"/> Gifted Support                   | <input checked="" type="checkbox"/> Learning Support            |
| <input type="checkbox"/> Life Skills Support              | <input type="checkbox"/> Multiple Disabilities Support          |
| <input type="checkbox"/> Physical Support                 | <input checked="" type="checkbox"/> Speech and Language Support |

**LEVEL OF INTERVENTION:**

- ☐ Supportive Intervention in the Regular Instructional Environment  
☐ Supplemental Intervention in the Regular Instructional Environment (Itinerant)  
☐ Supplemental Intervention in the Resource Instructional Environment  
☒ Part-time Special Education Class in the Regular School  
☐ Full-time Special Education Class in the Regular School  
☐ Full-time Special Education Class Outside of the Regular School

**LOCATION OF INTERVENTION:**

- ☒ Regular school which student would attend if not exceptional  
☐ Alternate regular school as close to the student's home as possible  
☐ Alternate regular school as close to the student's home as possible  
☐ Special education public school, such as a special education center  
☐ Instruction in the home  
☐ Approved Private School on a day basis  
☐ Approved Private School on a residential basis

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Student's Name R [REDACTED]

Reasons for the recommendations (Include evaluation procedures, reports, and other factors used in making the recommendations):

Psychological evaluation  
Past academic performance  
Current performance level  
Classroom observations

Reasons why the above recommendation is appropriate and why it represents the least restrictive environment in which your child's needs can be met:

The learning support environment offers the opportunity for individualized instruction, small group instruction, adaptations, and modifications in the areas of reading, language arts, and math.

Reasons why the options that were considered, but not recommended, are inappropriate or do not represent the least restrictive environment in which your child's needs can be met:

Current recommendation is the optimum educational program to support academic progress.

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# INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING

\*\*\*\*\* School Age

Name and Address of Parent: Mr. & Mrs. P

Date: \_\_\_\_\_

Student's Name: R P

ID#: 963479 SS#: \_\_\_\_\_

Dear \_\_\_\_\_

Parents must be afforded an opportunity as a member of any group that makes decisions on the special educational placement of their child with a disability. We would like you to participate in

X an individualized education program team meeting

\_\_\_\_\_ other meeting (specify) \_\_\_\_\_

The purpose of this meeting is to:

☐ Discuss the results and recommendations of the multidisciplinary evaluation and make a determination if your child is in need of special education. If it is determined that your child is a child with a disability, an Individualized Education Program (IEP) will be developed at the meeting.

☒ Discuss your child's current IEP to review and revise it as needed.

☐ Develop and/or review a statement of your child's need for transition services. We are inviting your son/daughter to attend this meeting. We are also inviting representative(s) from the following agency or agencies to attend: \_\_\_\_\_

☐ Other \_\_\_\_\_

Parents are strongly encouraged to meaningfully participate as members of their child's IEP team. The team meeting has been scheduled for this location: \_\_\_\_\_ at the following date and time: \_\_\_\_\_. If this time, date or location is not convenient, please contact me as soon as possible so we can arrange a time and place which are mutually convenient.

Miss Friedman--Learning support teacher

Name and Title

874-6050

Phone Number

Date \_\_\_\_\_

The following people are expected to attend the meeting for your child:

NAME \_\_\_\_\_

ROLE\* Learning support teacher

NAME Miss Friedman

NAME \_\_\_\_\_

ROLE\* \_\_\_\_\_

NAME \_\_\_\_\_

ROLE\* \_\_\_\_\_

NAME \_\_\_\_\_

ROLE\* \_\_\_\_\_

NAME \_\_\_\_\_

ROLE\* \_\_\_\_\_

ROLE\* \_\_\_\_\_

\* This denotes this person's involvement in your child's IEP development. Examples: regular teacher, local education agency representative, etc.

If you would like additional personnel from the school district to attend this team meeting, or if you have any questions or comments, please contact me. Further, please be advised that you may bring other people to the meeting who have knowledge or special expertise regarding your child.

Attached to this invitation is a copy of the "Procedural Safeguards Notice" describing your rights and procedural safeguards under State and Federal Law.

We are requesting that you respond to this invitation by checking the appropriate option below, and returning this form to the school district (by mail or in person) as soon as possible.

- ☐ I will attend the meeting as scheduled.  
☐ I will need the following accommodations to be made so that I may attend the meeting  
☐ ~~I will not attend the meeting.~~  
☐ I wish to attend the meeting, but this time and/or location is not convenient.  
Please contact me to make alternative arrangements.

Rebecca Friedman  
Parent Signature

7-23-05  
Date

Please return to:

Name: Miss Friedman

Address 148 W. 21 Street  
                      
                    

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The School District City of Erie, Pa

**INDIVIDUALIZED EDUCATION PROGRAM  
(IEP)**

R \_\_\_\_ T \_\_\_\_ ✓ \_\_\_\_

**Form  
School Age**

\*\*\*\*\*

ID# 963479

S.S.# \_\_\_\_\_

IEP Team Meeting Date 7-23-01Student Name: R. P. [redacted]DOB [redacted]

Age \_\_\_\_\_

Parent Name: Mr. & Mrs. P. [redacted]Grade 7Address [redacted]

Phone (H) \_\_\_\_\_

(W) \_\_\_\_\_

School Year: 2001-02

School District: Erie City School District \_\_\_\_\_

Anticipated Year of Graduation: \_\_\_\_\_

County of Residence: Erie

Other Information: \_\_\_\_\_

**IEP TEAM/SIGNATURES\*** The Individualized Education Program (IEP) Team makes the decisions about the student's program and placement. The student's Parent(s), the student's regular teacher and a representative from the local education agency are required members of this team. A regular education teacher must also be included if the student participates, or may participate in, regular education. Signature on this IEP documents attendance, and not agreement.

NAME (typed or printed)

POSITION (typed or printed)

SIGNATURE\*

[redacted]  
Robert Linsberg  
Sara Friedman

Parent

Parent

Student\*

Charles Moore  
Robert Kitchen Reg. Ed

Regular Education Teacher  
Special Education Teacher  
Local Ed. Agency Rep. (Chair)  
Vocational Technical Rep. \*\*  
Community Agency Rep. \*\*\*

[redacted]  
[redacted]  
[redacted]  
[redacted]
Bene WoodsSpeech TherapistBene Woods

\*The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.

\*\* Must be present if a Vocational Technical program is being considered.

\*\* As determined by the IEP Team Chairperson.

**PROCEDURAL SAFEGUARDS NOTICE**

I have received a copy of the Procedural Safeguards Notice. The District has informed me whom to contact if I need more information

Signature: [redacted]Date Received: 7-23-01

123a

Student Name: R. P.**I. Special Considerations The IEP Team Must Address Before Developing The IEP****A. Is the Student Blind or Visually Impaired**☒ No

☐ Yes - Team must provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille). That instruction in Braille or the use of Braille is not appropriate.

**B. Is the Student Deaf or Hearing Impaired?**☒ No

☐ Yes - Team must consider the child's language and communication needs, opportunities for direct communication with peers and personnel in the child's language and communication mode academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IEP.

**C. Does the Student Exhibit Behaviors that Impede His/Her Learning or That of Others?**☒ No

☐ Yes - Team must consider strategies including positive behavioral interventions, strategies and supports to address that behavior.

**D. Does the Student Have Limited English Proficiency?**☒ No

☐ Yes - Team must consider the language needs of the student as those needs related to the child's IEP.

**E. Does the Student Have Communication Needs?**☐ No

☒ Yes - Team must consider the communication needs of the student in the development of the IEP.

**F. Does the Student Require Assistive Technology Device and Services?**☒ No

☐ Yes - Team must consider the student's assistive technology needs in the development of the IEP.

**G. Does the Student Need Transition Services?**

1. Will the Student be 14 Years of Age or Older Within the Duration of this IEP?

☒ No - Not necessary to complete Section III

☐ Yes - Team must address the student's course of study and how it applies to components of the IEP.

STUDENT'S COURSE OF STUDY: \_\_\_\_\_

2. Will the Student be 16 Years of Age or Older Within the Duration of this IEP or is the Student Younger and in Need of Transition Services as Determined by the IEP Team?

☒ No - Not necessary to complete Section III

☐ Yes - Team must address and complete Section III

**H. Is the Student Within Three (3) Years of Graduation?**☒ No - Go to Section 11

☐ Yes - Team must address graduation plan (next page).

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Student Name: R. [REDACTED] P. [REDACTED]

**Plan for Completion of Necessary Credits for Graduation:**

Eligibility for graduation will be based upon:

☒ Option A – Completion of IEP goals and objectives (Should be linked to  
or

☐ Option B – Completion of school district

If you choose Option B, choose one of the following:

☐ Course Requirements (attach a list of courses)

or

☐ Assessment, Independent study, student project, other educational experiences

**I. PRESENT LEVELS OF EDUCATION PERFORMANCE**

**A. SUMMARY OF PERFORMANCE IN THE CUTRRENT EDUCATIONAL PROGRAM:**

R. [REDACTED] is returning to the Erie School District from Arizona. She will be entering 7th grade at Strong Vincent. Her results from the Woodcock Johnson from March of 2001 are as follows: Broad reading, G.E. 3-5; Broad math, G.E. 4-2; Broad knowledge, G.E. 1-8; and broad written language, G.E. 3-2.

**B. STRENGTHS:**

R. [REDACTED] is a shy girl and enjoys talking to the girls.

**C. NEEDS:**

R. [REDACTED] is in need of specially designed instruction in the areas of reading, language arts, and math. She needs to be screened for speech.

**D. THE CHILD'S DISABILITY AFFECTS INVOLVEMENT AND PROGRESS IN GENERL EDUCATION URRICULUM IN THE FOLLOWING WAYS:**

Due to the students disability, the student could not adequately meet success in the regular education curriculum in the areas of reading, language arts, and math.

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Student Name: R. P. [REDACTED]**I. TRANSITION PLANNING**

Person(s) responsible for coordinating transition activities:

- A. DESIRED POST-SCHOOL OUTCOMES:** Define and project the desired post-school outcomes as identified by the student, parent and IEP team for these areas: Post Secondary Education/Training, Employment, or Community Living. State how they will be provided or explain why they are not needed.

1.            Post Secondary Education/Training:2.            Employment:3.            Community Living:a)            Residential:b)            Recreation/Leisure:

- A. INSTRUCTIONAL AREAS NEEDED TO SUPPORT DESIRED POST-SCHOOL OUTCOMES:**

The instructional areas should support the desired post-school outcomes. The instructional areas checked "Yes" below, should appear in the IEP as annual goals, short-term instructional objectives or benchmarks, and/or specially designed instruction. Indicate whether or not the student needs transition services in the instructional areas listed below.

Instruction (Academic and/or Community based):            Yes            NoCommunity-based Experiences:            Yes            No

**ADDITIONAL INSTRUCTIONAL AREAS/ACTIVITIES NEEDED TO SUPPORT DESIRED POST-SCHOOL OUTCOMES:** may include, but are not limited to:

Acquisition of Daily Living Skills            Yes            NoFunctional Vocational Evaluation            Yes            NoCareer Education            Yes            NoWork-based Learning            Yes            NoVocational-Technical Education\*            Yes            NoOther:                       Yes            No

\* If the student is attending an approved vocational-technical program at an AVTS or school district, the title of the program, including classification of instructional program (CIP) title, a six-digit code must be listed:           

12ba

Student Name: R. [REDACTED]

B. LINKAGES

Agencies which may provide services/support (before the student leaves the school setting):

Agency Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Responsibilities/Linkages: \_\_\_\_\_

Agency Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Responsibilities/Linkages: \_\_\_\_\_

Agency Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Responsibilities/Linkages: \_\_\_\_\_

127a

Student Name: R. P.

I. GOALS AND OBJECTIVES: (Use as many copies of this page as needed to plan appropriately for the student)

A. MEASURABLE ANNUAL GOAL:

Will improve language arts skills.

B. SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:

1. Objective/Benchmark:

Sustain a single viewpoint using well developed ideas and details in logical or sequential order.

- Expected Level of Achievement – 80%
- Evaluation Schedule – Ongoing
- Method of Evaluation – Teacher made materials.
- Specially Designed – Small group instruction.

1. Objective/Benchmark:

Identify and name the basic parts of speech in a sentence.

- Expected Level of Achievement – 80%
- Evaluation Schedule – Ongoing
- Method of Evaluation – Teacher made materials and tests.
- Specially Designed – Small group instruction.

1. Objective/Benchmark:

Correct use of grammar, capitalization, and punctuation in a sentence.

- Expected Level of Achievement – 80%
- Evaluation Schedule – Ongoing
- Method of Evaluation – Teacher made materials and tests and portfolios.
- Specially Designed – Small group instruction and daily journal exercises.

Student Name: R. R.

I. GOALS AND OBJECTIVES: (Use as many copies of this page as needed to plan appropriately for the student)

A. MEASURABLE ANNUAL GOAL:

Will increase reading skills.

B. SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:

1. Objective/Benchmark:

Orally read stories with fluencies.

- Expected Level of Achievement – 80%
- Evaluation Schedule – Ongoing
- Method of Evaluation – Quarterly report cards and weekly oral reading
- Specially Designed – Small group instruction

1. Objective/Benchmark:

Answer comprehension questions, state the main idea, predict outcomes, draw conclusions, and sequence events from stories read.

- Expected Level of Achievement – 80%
- Evaluation Schedule – Ongoing
- Method of Evaluation – Quarterly report cards
- Specially Designed – Small group instruction

1. Objective/Benchmark:

Master basic sight words and blend sounds to decode new words.

- Expected Level of Achievement – 80%
- Evaluation Schedule – Ongoing
- Method of Evaluation – Quarterly report cards and weekly oral reading
- Specially Designed – Small group instruction

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Student Name: R [REDACTED]

## IV. GOALS AND OBJECTIVES: (Use as many copies of this page as needed to plan appropriately for the student)

## A. MEASURABLE ANNUAL GOAL:

R [REDACTED] will improve language comprehension and expressive language skills consistently within the school setting.

## B. SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:

## 1) Objective/Benchmark:

R [REDACTED] will improve vocabulary through: defining/describing, analogies, inferences, sentence completion activities.

Expected Level of Achievement - 80% accuracy

Evaluation Schedule - monthly

Method of Evaluation - teacher/therapist observation log reports  
pre/post test comparison

Specially Designed - Small group instruction modeling cueing  
repetition of task

## 2) Objective/Benchmark:

R [REDACTED] will improve expressive language skills through reasoning and problem-solving activities, as well as answering Wh-questions

Expected Level of Achievement - 80% accuracy

Evaluation Schedule - teacher/therapist observation;

Method of Evaluation - Small group instruction modeling cueing  
repetition of task

Specially Designed - \_\_\_\_\_

## 3) Objective/Benchmark:

R [REDACTED] will improve sentence structure and grammar rules

Expected Level of Achievement - ongoing

Evaluation Schedule - teacher/therapist observation; teacher made materials

Method of Evaluation - 80%

Specially Designed - Small group instruction modeling cueing  
repetition of task

Student Name: R. P.

I. GOALS AND OBJECTIVES: (Use as many copies of this page as needed to plan appropriately for the student)

A. MEASURABLE ANNUAL GOAL:

Will improve math skills.

B. SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:

1. Objective/Benchmark:

Add and subtract two numbers with regrouping.

- Expected Level of Achievement – 80 %
- Evaluation Schedule – Ongoing
- Method of Evaluation – Quarterly report cards
- Specially Designed – Small group instruction, teacher made materials and tests, and hands-on manipulatives.

1. Objective/Benchmark:

Correctly tell time to the minute, identify coins and their values, count out the correct amount of money needed to purchase an item and give correct change, and solve problems involving measurement.

- Expected Level of Achievement – 80%
- Evaluation Schedule – Ongoing
- Method of Evaluation – Quarterly report cards
- Specially Designed – Small group instruction, teacher made materials and tests, and hands-on manipulatives.

1. Objective/Benchmark:

Improve basic multiplication facts 0-10, identify that division is the opposite of multiplication, and divide simple 1-digit problems.

- Expected Level of Achievement – 80%
- Evaluation Schedule – Ongoing
- Method of Evaluation – Quarterly report cards
- Specially Designed – Small group instruction, teacher made materials and tests, and hands-on manipulatives.

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Student Name: R. P.**I. SPECIAL EDUCATION, RELATED SERVICES AND SUPPLEMENTARY AIDS AND SERVICES****A. PROGRAM MODIFICATIONS AND SPECIALLY DESIGNED INSTRUCTION:** (Specially designed instruction may be listed with the goals and objectives)**B. RELATED SERVICES:**

Transportation: \_\_\_\_\_

List the services that the student needs in order to benefit from or access his/her program:

Service	Location	Projected* Beginning Date	Frequency	Anticipated* Duration
<u>Psychological</u>	<u>ESD</u>	<u>07/01</u>	<u>As needed</u>	<u>1 year</u>
_____	_____	_____	<u>or every 2</u>	_____
_____	_____	_____	<u>years</u>	_____
<u>Nursing</u>	<u>ESD</u>	<u>07/01</u>	<u>As</u>	<u>1 year</u>
_____	_____	_____	<u>prescribed</u>	_____
			<u>by a doctor</u>	_____
<u>Speech</u>	<u>ESD</u>	<u>07/01</u>	<u>1 x weekly</u>	<u>1 year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* If differs from IEP beginning and duration dates.

**C. SUPPORTS FOR SCHOOL PERSONNEL:**Collaboration with regular education teacher.**D. EXTENDED SCHOOL YEAR:** - IEP team has considered and discussed with a determination made for every that has been considered, but not recommended.**E. IEP TEAM HAS CONSIDERED, IF APPROPRIATE, THE STUDENT'S NEEDS FOR:**

Adaptive Physical Education \_\_\_\_\_

Enrichment and Advancement \_\_\_\_\_

1320



Student Name: R. P.**I. LEAST RESTRICTIVE ENVIRONMENT (LRE)****A. PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS:**☐ Student will participate in State and district-wide assessments without accommodations.

Or

☒ Student will participate in State and district-wide assessments with the following accommodations:

	List the accommodations to be used:
PSSA Reading (administered in grades 5, 8, and 11)	
PSSA Math (administered in grades 5, 8, and 11)	
PSSA Writing (administered in grades 6 and 9)	
District-wide	Student will take test at appropriate reading level.

\*For Pennsylvania System of School Assessment (PSSA) see the Coordinators Handbook for allowable accommodations.

or

☐ Students will not participate in State and district-wide assessment because:                      
Educational progress of the student will be assessed through the following alternate method(s): -  
                    **A. EXPLANATION OF THE EXTENT, IF ANY, THE STUDENT WILL NOT PARTICIPATE WITH CHILDREN WITHOUT DISABILITIES IN THE REGULAR CLASS, AND IN THE GENERAL EDUCATION CURRICULUM:**Modifications are necessary for the student to achieve educational and social development goals.  
Learning support services provide the most appropriate program to enhance educational success.**B. PLACEMENT:**Appropriate Grouping: Learning supportLevel of Intervention: Part-time 68%Location of Intervention: Strong-Vincent

133a

Student Name: R. P. [REDACTED]

**VII. DATES**

A.

Projected Date when Services and Programs Will Begin: 7, 03, 01  
Mo Day Yr

B.

Anticipated Duration of Services and Programs: 7, 123, 02  
Mo Day Yr

**VIII.**

**EXIT CRITERIA:**

These are the criteria which will be used to determine when a student is no longer in need of special education services.

**DECISION POINTS (Check one):**

- ☒ No longer requires specially designed instruction
- ☐ No longer of school
- ☐ Met designated requirements as specified in graduation plan
- ☐ Other (specify)  
\_\_\_\_\_

134a

Student Name: R [REDACTED]

IEP Date: 7/23/01

Report of Progress on Annual Goals

Annual Goal: R [REDACTED] will improve language comprehension consistently within the school setting

Progress Report:

1<sup>st</sup> Quarter: R [REDACTED] is completing fill-in-the-blank statements with 72% accuracy.

2<sup>nd</sup> Quarter: R [REDACTED] is completing analogies with 66% accuracy. R [REDACTED] names items/objects from verbal description with 70% accuracy.

3<sup>rd</sup> Quarter: R [REDACTED] completes analogies with 80% accuracy. She names items/objects from verbal description with 75-80% accuracy.

4<sup>th</sup> Quarter: R [REDACTED] has been either absent or sleeping when therapist is at school. She has made minimal progress this quarter; however, she has retained what she's already learned.

Annual Goal: R [REDACTED] will improve expressive language skills consistently within the school setting

Progress Report:

1<sup>st</sup> Quarter: R [REDACTED] answers how questions with 65% accuracy.

2<sup>nd</sup> Quarter: R [REDACTED] makes sentences using target vocabulary with 75% accuracy.

3<sup>rd</sup> Quarter: R [REDACTED] is using target vocabulary to make sentences 80-90% of the time.

4<sup>th</sup> Quarter: R [REDACTED] has been either sleeping or absent most of this quarter. Progress is minimal. R [REDACTED] has retained what she's already learned. B35a

**IEP REVISION / REVIEW**

Student's Name: K [REDACTED] L [REDACTED] Date: 1-17-02  
 DOB: [REDACTED] School: Strong Vincent Teacher: Ms Scully  
 Program: LS Current IEP date: 8-29-2001  
 Purpose for meeting: Review of goals and objectives ☐ Change in percentage, ie., RRLS to PTLs ☐  
 Change from SV to SRCC Manifestation Determination ☐ Behavior Support Plan or  
 Adjustment ☐ Other ☐

**MEASURABLE ANNUAL GOAL:** Identify appropriate solutions to interpersonal and self-related problem behaviors.

**SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:**

**OBJECTIVE / BENCHMARK:** Develop consistent patterns of appropriate behavior through a program of therapeutic behavior support.

- **EXPECTED LEVEL OF ACHIEVEMENT** – a performance level system is used to increase expectations and responsibilities.
- **EVALUATION SCHEDULE** – daily and weekly
- **METHOD OF EVALUATION** – daily observations; charting of progress towards goals is communicated to the student as well as to the parents
- **SPECIALLY DESIGNED INSTRUCTION** – Consistent participation in social skills training and in counseling program as well as medication management. An individualized intervention plan will be developed in conjunction with IEP goals and objectives. Transition activities for the return to the home school are planned and carried out with a multidisciplinary team approach.

Signatures: ✕ Parent Denise L [REDACTED]  
 ✕ Classroom Teacher Melissa Valentin  
 ✕ Special Education Teacher Mrs. Gray  
 ✕ Principal Diana A. Cappabianca  
 Other \_\_\_\_\_  
 Other 136a

Department of Pupil Learner Services  
Child Study Office

# Request For Home-School Visitor Service

Student ID # 943020  
 Name of Child K. [REDACTED] L. [REDACTED] Birthdate [REDACTED]  
 Lives with Denise L. [REDACTED] Address [REDACTED]  
(Name, Relationship)  
 Phone [REDACTED] Present School, Grade Str. V. 7 LS Regular ☐  
 Date of Request [REDACTED] Principal's Signature [REDACTED] Special ☒

PROBLEM/REASON FOR REFERRAL:

W F  
*Referral for Sarah Reed  
 by Marlene/ Frank*

Date received in Child Study [REDACTED] Assigned to: A. Pecora

REPORT OF HOME-SCHOOL VISITOR:

1-16-02 Contact with parent. He will come to Child Study 1/17/02 at 2:30 P.M.

1-17-02 Parent came to Child Study  
 Forms signed

Matt will call with an intake time

1-18- Intake is 1/21/02 - Monday at 3:00 P.M. She begins the program on Wednesday 1/23/02.

I AM requesting that my daughter,  
K [REDACTED] L [REDACTED] be transferred to the Erie  
School District's Alternative Education program.  
I WAIVE All rights to A Hearing.

1/17/02  
Denise [REDACTED]

138a

## IEP REVISION / REVIEW

18

Student's Name: [REDACTED] Date: 1-17-02  
 DOB: [REDACTED] School: Strong Vincent Teacher: Ms. Scully  
 Program: LS Current IEP date: 8-29-2001  
 Purpose for meeting: Review of goals and objectives ☐ Change in percentage, ie., RRLS to PTLs ☐  
 Change from SV to SRCC Manifestation Determination ☐ Behavior Support Plan or  
 Adjustment ☐ Other ☐

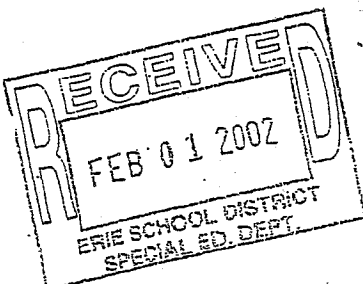
MEASURABLE ANNUAL GOAL: Identify appropriate solutions to interpersonal and self-related problem behaviors.

## SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:

OBJECTIVE / BENCHMARK: Develop consistent patterns of appropriate behavior through a program of therapeutic behavior support.

- EXPECTED LEVEL OF ACHIEVEMENT – a performance level system is used to increase expectations and responsibilities.
- EVALUATION SCHEDULE – daily and weekly
- METHOD OF EVALUATION – daily observations; charting of progress towards goals is communicated to the student as well as to the parents
- SPECIALLY DESIGNED INSTRUCTION – Consistent participation in social skills training and in counseling program as well as medication management. An individualized intervention plan will be developed in conjunction with IEP goals and objectives. Transition activities for the return to the home school are planned and carried out with a multidisciplinary team approach.

Signatures: ✕ Parent Denise [REDACTED]  
 ✕ Classroom Teacher Melissa Belmont  
 ✕ Special Education Teacher Mrs. Gray  
 Principal Dr. A. Cappabianca  
 Other \_\_\_\_\_  
 Other 139a





The School District of the City of Erie, Pa.

**EDUCATIONAL  
NOTICE OF RECOMMENDED EVALUATION PLACEMENT**

School Age \_\_\_\_\_

Date: 1-17-02Name and Address of Parent: Denise L. [REDACTED]Student's Name: K. [REDACTED]I.D. #: 943020

S.S. #: \_\_\_\_\_

Dear \_\_\_\_\_

This notice summarizes recommendations for your child's education program.

This notice is to be given to the parent of a child with a disability a reasonable time before the school district proposes to initiate or change, or refuses to initiate or change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child.

**1. Action proposed or refused:**

Smith Reed Therapeutic Program for psychological/psychiatric evaluation & possible intervention.

**2. Why the action is proposed or refused:**

1. Student's current high degree and intensity of stress as recorded by parents, student and the Erie School District staff.  
Intensive frequency of therapeutic intervention exceed that which can be delivered in the regular school setting.

**3. A. Description of any other options that were considered:**

NONE

**B. Reasons why these options were rejected:**

NA

**4. Evaluation procedure(s), test(s), record(s) or report(s) used as a basis for the proposed action or action refused:**

1. Verbal sharing of discharge summary from Patton Health/Millcreek Comm.  
2. Information provided by the student, parent, ASD staff including Mental Health staff.

**5. Other factor(s) relevant to proposal or refusal:**

NA

The educational placement recommended for your child is:

Appropriate Grouping: DTLSLevel (%): 100%

Location: \_\_\_\_\_

Other: Therapeutic Support at Smith Reed's Children's Center 000000819

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Student Name: K [REDACTED] L [REDACTED]

## Notice of Recommended Educational Placement

Page 2

\_\_\_\_\_  
School District Superintendent\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

You have certain rights and protections under law that is described in a document titled **Procedural Safeguards Notice**. If you need more information or want a copy of the **Procedural Safeguards Notice**, you may contact:

C. Moore

Name

Supervisor

Position

874-6050

Phone Number

**DIRECTIONS FOR PARENTS:** Please check one of the options, sign this form, and return it within **10 days** to the person listed above.

- ☒ I **approve** this recommendation  
☐ I **do not approve** this recommendation

My reason for **disapproval** is:

\_\_\_\_\_

I request:

- ☐ A Pre-hearing Conference  
☐ Mediation  
☐ Due-process Hearing

I will need the following accommodations to be made so that I may attend the above.

\_\_\_\_\_

Dennis [REDACTED]

Parent's Signature

1/17/02

Date

\_\_\_\_\_  
Daytime Phone

141a

Special Education  
TRACT

Referral by MR. Scozzie,  
MRS. Moore +  
MRS. Christman

NAME: K [REDACTED] L [REDACTED]

DOB: [REDACTED]

ADDRESS: [REDACTED]

SCHOOL: Stony Vincent gr. 7/5

1/21/02

Intake - 3:00 PM

1/23/02

Student to start Sarah Reed Alternative

Student has completed Sarah Reed Alternative  
placement and will be returned to home school

ADDITIONAL COMMENTS:

CER dated 5-15-95

2yr. Recor. dated 5-1-00

142a

The School District of the City of Erie, Pa.

# EDUCATIONALLY NOTICE OF RECOMMENDED EVALUATION PLACEMENT

School Age \_\_\_\_\_

Date: 1-17-02

Name and Address of Parent: Denise L. [REDACTED]

Student's Name: [REDACTED]

I.D. #: 943020

S.S. #: \_\_\_\_\_

Dear \_\_\_\_\_

This notice summarizes recommendations for your child's education program.

This notice is to be given to the parent of a child with a disability a reasonable time before the school district proposes to initiate or change, or refuses to initiate or change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child.

1. Action proposed or refused:

Samh Reed Therapeutic Program for psychological/psychiatric evaluation & possible intervention.

2. Why the action is proposed or refused:

1. Student's current high degree and intensity of stress as recorded by parents, student and the Erie School District staff.
2. Intensity/frequency of therapeutic intervention exceed that which can be delivered in the regular school setting.

3. A. Description of any other options that were considered:

NONE

B. Reasons why these options were rejected:

NA

4. Evaluation procedure(s), test(s), record(s) or report(s) used as a basis for the proposed action or action refused:

1. Verbal sharing of discharge summary from John Heath, Millcreek Co.
2. Information provided by the student, parent, ESD staff including Mental Health staff.

5. Other factor(s) relevant to proposal or refusal:

NA

The educational placement recommended for your child is:

Appropriate Grouping: DTLS

Level (%): 68%

Location: \_\_\_\_\_

Other: Therapeutic Support at Samh Reed's Children's Center

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0000003419

Student Name: K [REDACTED] L [REDACTED]

Page 2

*Notice of Recommended Educational Placement*


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School District Superintendent

Signature

Date

You have certain rights and protections under law that is described in a document titled **Procedural Safeguards Notice**. If you need more information or want a copy of the **Procedural Safeguards Notice**, you may contact:

C. Moore

Name

SUPERVISOR

Position

874-6057

Phone Number

**DIRECTIONS FOR PARENTS:** Please check one of the options, sign this form, and return it within **10 days** to the person listed above.

- ☒ I approve this recommendation  
☐ I do not approve this recommendation

My reason for ~~disapproval~~ is:

---

I request:

- ☐ A Pre-hearing Conference  
☐ Mediation  
☐ Due-process Hearing

I will need the following accommodations to be made so that I may attend the above.

---

Denise L [REDACTED]

Parent's Signature

1/17/02

Date

Daytime Phone

# **MEMO** \* School District of the City of Erie, PA

**TO:** Mr. Frank Scozzie – Assistant to the Superintendent  
Mrs. Charlise Moore - Supervisor, Special Education  
Mrs. Marlene Chrisman – Supervisor, Special Education

**FROM:** Mrs. Audrey Pecoraro, Home/School Visitor

**SUBJECT:** PLACEMENT OF K [REDACTED] L [REDACTED] AT SARAH REED CHILDREN'S CENTER

**DATE:** January 17, 2002

K [REDACTED] L [REDACTED] DOB [REDACTED], referred to Sarah Reed, Behavior Modification Program, Special Education Tract, from Strong Vincent High School, Grade 7 LS, is scheduled for the intake process at Sarah Reed on Monday, January 21, 2002 at 3:00 P.M. She will begin the program on Wednesday, January 23, 2002.

AP:cc

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E 000000742

The School District of the City of Erie, Pa.

EDUCATIONAL

**NOTICE OF RECOMMENDED EVALUATION PLACEMENT**

School Age \_\_\_\_\_

Date: 1/18/02Name and Address of Parent: Daniel [REDACTED]Student's Name: [REDACTED]

I.D. #: \_\_\_\_\_

S.S. #: \_\_\_\_\_

Dear \_\_\_\_\_

This notice summarizes recommendations for your child's education program.

This notice is to be given to the parent of a child with a disability a reasonable time before the school district proposes to initiate or change, or refuses to initiate or change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child.

**1. Action proposed or refused:**Temporary in home IEP 5 days ending 22nd Jan**2. Why the action is proposed or refused:**not appropriate placement at this time**3. A. Description of any other options that were considered:****B. Reasons why these options were rejected:****4. Evaluation procedure(s), test(s), record(s) or report(s) used as a basis for the proposed action or action refused:****5. Other factor(s) relevant to proposal or refusal:**

The educational placement recommended for your child is:

Appropriate Grouping: Small GroupLevel (%): 50 to 75Location: Small Group

Other: \_\_\_\_\_

**DEPOSITION  
EXHIBIT**Moore #2

Student Name: K L [REDACTED]*Notice of Recommended Educational Placement*

Page

Temporary in home IEP 5 days

[REDACTED]

[REDACTED]

School District Superintendent

Signature

Date

You have certain rights and protections under law that is described in a document titled **Procedural Safeguards Notice**. If you need more information or want a copy of the **Procedural Safeguards Notice**, you may contact:

Mr. Mark  
Name

Super  
Position

774-1050  
Phone Number

**DIRECTIONS FOR PARENTS:** Please check one of the options, sign this form, and return it within **10 days** to the person listed above.

- ☒ I approve this recommendation
- ☐ I do not approve this recommendation

My reason for ~~disapproval~~ is:

\_\_\_\_\_

I request:

- ☐ A Pre-hearing Conference
- ☐ Mediation
- ☐ Due-process Hearing

I will need the following accommodations to be made so that I may attend the above.

\_\_\_\_\_

Parent's Signature

Date

Daytime Phone

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0000003401



# Memo

The School District of the City of Erie, Pa.  
**CHARLISE MOORE**, Supervisor  
Special Education Department

Jan-14 + Jan 22:

In. Home IEP - 5 Days

953479  
11-14-88

- R [REDACTED] P [REDACTED] Speech

[REDACTED]  
[REDACTED]

959800

- O [REDACTED] J [REDACTED] L [REDACTED]

Phone [REDACTED]

Address [REDACTED]

[REDACTED] F [REDACTED] F [REDACTED]

See Marlene for  
SR Partial Placement  
Monday 1/14/02

6502

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## IEP REVISION / REVIEW

Student's Name: [REDACTED] Date: 1-18-02  
 DOB: [REDACTED] School: Strong Vincent Teacher: Ms. Gray  
 Program: Learning Support Current IEP date: 7-23-01  
 Purpose for meeting: Review of goals and objectives ☐ Change in percentage, ie., RRLS to PTLs ☐  
 Change from SV to SRCC Manifestation Determination ☐ Behavior Support Plan or  
 Adjustment ☐ Other ☐

MEASURABLE ANNUAL GOAL: Identify appropriate solutions to interpersonal and self-related problem behaviors.

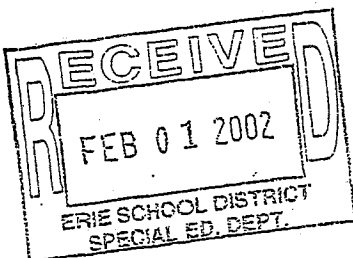
## SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:

OBJECTIVE / BENCHMARK: Develop consistent patterns of appropriate behavior through a program of therapeutic behavior support.

- EXPECTED LEVEL OF ACHIEVEMENT – a performance level system is used to increase expectations and responsibilities.
- EVALUATION SCHEDULE – daily and weekly
- METHOD OF EVALUATION – daily observations; charting of progress towards goals is communicated to the student as well as to the parents
- SPECIALLY DESIGNED INSTRUCTION – Consistent participation in social skills training and in counseling program as well as medication management. An individualized intervention plan will be developed in conjunction with IEP goals and objectives. Transition activities for the return to the home school are planned and carried out with a multidisciplinary team approach.

DEPOSITION  
EXHIBIT

Signatures: Parent [REDACTED] Moore #1  
 Classroom Teacher [REDACTED]  
 Special Education Teacher Mrs. Gray  
 Principal Dina A. Cappuccino  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_



Copies: White – Pupils School File Yellow – Parent or Guardian Pink – Teacher Gold – other

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E 000000419

The School District of the City of Erie, Pa.

**NOTICE OF RECOMMENDED <sup>EDUCATIONAL</sup> EVALUATION PLACEMENT**  
School Age

Date: \_\_\_\_\_  
 Name and Address of Parent: Mrs. Mrs. Richard P. [REDACTED]  
 Student's Name: R. [REDACTED] P. [REDACTED] I.D. #: 963479  
 S.S. #: \_\_\_\_\_

Dear

This notice summarizes recommendations for your child's education program.

This notice is to be given to the parent of a child with a disability a reasonable time before the school district proposes to initiate or change, or refuses to initiate or change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child.

**1. Action proposed or refused:**

Sam Reed Therapeutic Program for psychological/psychiatric evaluation and possible interventions.

**2. Why the action is proposed or refused:**

Student's current high degree of intensity of stress as recorded by the parents, student & Erie School District Staff. Intensity & frequency of therapeutic interventions exceed that which can be delivered in the regular school setting.

**3. A. Description of any other options that were considered:**

NA

**B. Reasons why these options were rejected:**

NA

**4. Evaluation procedure(s), test(s), record(s) or report(s) used as a basis for the proposed action or action refused:**

Information provided by the student, parents, ESD staff including Mental Health Staff

**5. Other factor(s) relevant to proposal or refusal:**

NA

The educational placement recommended for your child is:

Appropriate Grouping: PTLSLevel (%): 63%

Location:

Other: Therapeutic Support at Sam Reed's Children's Center

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